

**SUPPLEMENTAL INFORMATION**

State Form 1717 (R6/12-03) Part B

**Department of Financial Institutions**

Call Report Date	F.D.I.C. Certificate Number
Exact Corporate Title of Institution	City or Town

Line 1 and Line 2 should correspond to an attached Statement of Condition and an attached Trust Statement of Condition. Any revisions made to these Statements of Condition after submission of this Form would require the submission of an amended Supplemental Information Form.

**CALL REPORT INFORMATION**

(Dollar Amounts in Thousands)

1. Total Assets (As shown on an attached Statement of Condition)	\$
2. Total Trust Assets (As shown on the attached Trust Statement of Condition)	\$
3. Grand Total (Sum of Lines 1 & 2)	\$

State of _____		} SS:
County of _____		
I, _____ of the above named institution, do solemnly swear that the statements and figures of the condition of the said institution are true and correct to the best of my knowledge and belief.		
Signature		
Subscribed and sworn to before me this _____ day of _____, 20____ and certify that I am not an officer or director of the institution mentioned.		
Signature of Notary Public		
Printed or typed name of Notary Public		
County of Residence	Date commission expires	



**SUPPLEMENTAL INFORMATION**

State Form 1717 (R6/12-03) Part B

**Department of Financial Institutions**

INSTRUCTIONS: Trust assets and liabilities should be reported at market value as reflected on the trust department's or corporate fiduciaries ledgers as of the Call Report Date.

STATEMENT OF TRUST ASSETS AND LIABILITIES	
Column A / Assets	Column B / Liabilities
<b>Non Interest Bearing Deposits</b>	<b>Trust and Estates</b>
Own Institution & Affiliate Institutions	Employee Benefits
Other Institutions	(Number of Accounts _____)
	Personal Trust
	(Number of Accounts _____)
<b>Interest Bearing Deposits</b>	Estates and Guardianships
Own Institution & Affiliate Institutions	(Number of Accounts _____)
Other Institutions	
	<b>Agencies</b>
<b>US Government and Agency</b>	Employee Benefits
Obligations	(Number of Accounts _____)
	All Other
<b>State County and Municipal</b>	(Number of Accounts _____)
Obligations	
	<b>Collective Investment Funds</b>
Other Short Term Obligations	Employee Benefits
Other Notes and Bonds	(Number of Accounts _____)
Stocks	All Other
Collective Investment Fund Units	(Number of Accounts _____)
Real Estate Mortgages	
Real Estate	Corporate Trust Accounts
Miscellaneous Assets	(Number of Accounts _____)
Suspense Accounts	
Other	Corporate Agency Accounts
	(Number of Accounts _____)
	Profit Accounts
	(Number of Accounts _____)
	Suspense Accounts
	(Number of Accounts _____)
<b>TOTAL COLUMN A</b>	<b>TOTAL COLUMN B</b>

Column A must equal Column B

**MEMORANDA INFORMATION**

TOTAL MANAGED ASSETS	
NUMBER OF MANAGED ACCOUNTS	
TOTAL NON-MANAGED ASSETS	
NUMBER OF NON-MANAGED ACCOUNTS	

**INSTRUCTIONS**  
**STATE CALL REPORT - SUPPLEMENTAL INFORMATION FORM**  
**STATE FORM 1717 (R7/12-03)**  
**Part B**

The purpose of the Supplemental Information Form is to provide the Department of Financial Institutions with details concerning the scope and amount of activities of state chartered financial institutions. The information is used in the supervision and examination of all financial institutions under the jurisdiction of the Department of Financial Institutions and as a basis for the calculation of the Department's annual supervisory assessment.

The Supplemental Information Form and any attachments are to be filed on a semi-annual basis as of June 30 and December 31. Completed reports are to be delivered to the Department of Financial Institutions no later than 30 days following the date of the Call Report. Each financial institution must submit one copy to the Department and retain one copy of the report, including supporting documentation. The completion of this report is mandatory and is authorized pursuant to I.C. 28-1-15-1.

**CALL REPORT INFORMATION**

1. **TOTAL BANKING ASSETS**  
Report the total assets of the financial institution as reported on an attached Statement of Condition.
2. **TOTAL TRUST ASSETS**  
Report the total market value of trust assets of the financial institution as reported from Column A and Column B of the Statement of Trust Assets and Liabilities.
3. **GRAND TOTAL BANKING AND TRUST ASSETS**  
Report the sum of lines 1 and 2.

An officer of the financial institution who has been authorized by the board of directors must certify the Supplemental Information Form. The title of the signing officer must be clearly indicated. The signature of the authorized officer must be notarized.

## **STATEMENT OF TRUST DEPARTMENT ASSETS AND LIABILITIES**

**COLUMN A / ASSETS** Assets should be reported at market value as reflected on the trust department's or trust company's ledgers.

### **NON-INTEREST BEARING DEPOSITS**

Own-Bank and Affiliate Institutions

Report non-interest-bearing deposits in own institution and affiliated institutions. Report non-interest bearing deposits of both principal and income cash. Normally these are demand deposits.

Other Institutions

Report non-interest-bearing deposits in other financial institutions. Report non-interest bearing deposits of both principal and income cash. Normally these are demand deposits.

### **INTEREST BEARING DEPOSITS**

Own-Bank and Affiliate Institutions

Report interest bearing savings and time deposits in own institution and affiliated institutions. To be included are NOW and Super NOW accounts, MNDA accounts, and certificates of deposit. Report interest bearing deposits of both principal and income cash.

Other Institutions

Report interest bearing savings and time deposits in other financial institutions. To be included are NOW and Super NOW accounts, MNDA accounts, and certificates of deposit. Report interest bearing deposits of both principal and income cash.

### **U.S. GOVERNMENT AND AGENCY OBLIGATIONS**

Report all securities and/or loans of the U.S. Government and of U.S. Government corporations and agencies. Include Certificates or other obligations, however named, that represent pass-through participations in pools of real estate loans when the participation instruments: (1) are issued by an FHA approved mortgagee and guaranteed by the Government National Mortgage Association, or (2) are issued, insured, or guaranteed by a U.S. Government agency or corporation (i.e. the Federal Home Loan Mortgage Corporation's Mortgage Participation Certificates).

### **STATE, COUNTY AND MUNICIPAL OBLIGATIONS**

Report all short and long-term obligations of State and local governments and political subdivisions of the United States. Include obligations of U.S. territories and insular possessions and their political subdivisions and all Federal income tax-exempt obligations of authorities such as local housing and industrial redevelopment authorities that derive their tax-exempt status from relationships with State or local governments. Tax-exempt money market mutual funds should be reported under the other short-term obligations category.

**OTHER SHORT-TERM OBLIGATIONS**

Report all short-term obligations and all holdings of open-end registered investment company mutual funds. This would include short-term notes, tax-exempt money market mutual funds, commercial paper, master note arrangements, bankers' acceptances, securities repurchase agreements, and other short-term liquidity investments.

**OTHER NOTES AND BONDS**

Report all other bonds, notes (except personal notes) and debentures including insurance annuity contracts and obligations of foreign governments and corporations. Include also certificates or other obligations, however named, representing pass-through participations in pools of real estate loans when the participation instruments are issued by financial institutions and guaranteed in whole or in part by private guarantors.

**STOCKS**

Report all common and preferred equity holdings.

**COLLECTIVE INVESTMENT FUND UNITS**

Report all units held in collective investment funds operated by your institution subject to Regulation 9.18 of the Office of the Comptroller of the Currency.

**REAL ESTATE MORTGAGES**

Report real estate mortgages, real estate contracts, land trust certificates, and ground rents. These assets may be reported at unpaid balance if that figure is a fair approximation of market value.

**REAL ESTATE**

Report real estate, mineral interests, royalty interests, leaseholds, and other similar assets. Where current market values of real estate are not readily ascertainable, estimates based upon appraisals within the past 3 years may be used for this report. It is permissible to estimate market values of mineral interests by capitalizing annual income five times, when appropriate.

**MISCELLANEOUS ASSETS**

Personal notes, tangible personal property, and other miscellaneous assets not reported in any of the other categories. DO NOT REPORT ACCOUNT LIABILITIES HERE; THEY SHOULD BE REPORTED IN "OTHER" CATEGORY.

**SUSPENSE ACCOUNTS**

Report any house accounts. This amount should equal the suspense account category in Column B unless any of the amounts can be applied to any of the above categories.

**OTHER**

Report only items that cannot be placed in any of the above categories. This would include liabilities, customer safekeeping and any other extraordinary assets.

**TOTAL COLUMN A**

Total sum of Column A. Column A must equal Column B.

**COLUMN B / LIABILITIES**

**NOTE:** Regarding the Number of Accounts requested throughout this column, report only the number of appointments, do not count sub-accounts established only for record keeping purposes.

**TRUST AND ESTATES****EMPLOYEE BENEFITS**

Include all such accounts, including IRA and Keogh trust accounts, where the institution acts in the capacity of trustee. DO NOT INCLUDE IRA AND KEOGH CUSTODIAL ACCOUNTS ADMINISTERED SOLELY BY THE COMMERCIAL DEPARTMENT.

**PERSONAL TRUST**

Include all testamentary, inter-vivos, and other private trusts, including private foundations where appointed trustee. Where one or more assets of a discretionary trust are held pursuant to a mandatory retention clause or are subject to outside control, such assets may be excluded, but the remainder of the account assets must be reported.

**ESTATES AND GUARDIANSHIPS**

Include accounts where the institution exercises investment discretion and acts in the following or similar capacities: executor, administrator, guardian, or conservator, even though such authority may be shared with others.

**AGENCIES****EMPLOYEE BENEFITS**

Accounts where the institution acts as an investment manager (and not as a trustee), as defined in Section 3(38) of the Employee Retirement Income Security Act of 1974 (ERISA) should be reported in this category.

**ALL OTHER**

Include all accounts where the institution acts in the capacity of agent. This includes agency, custodial, safekeeping, power of attorney accounts and private foundations (with the exception of employee benefit agencies) where the institution gives investment advice (whether or not the institution has actual custody of the assets), provided the institution is informed on a current basis of transactions in and securities held by such accounts.

**COLLECTIVE INVESTMENT FUNDS****EMPLOYEE BENEFITS**

Report any common trust fund administered by the bank in its capacity as trustee of retirement, pension, profit sharing, stock bonus or other employee benefit trusts that are exempt from Federal income taxation under the Internal Revenue Code.

**ALL OTHER**

Report any common trust fund maintained by the bank exclusively for the collective investment and reinvestment of moneys in its capacity as trustee, executor, administrator, guardian or custodian under a Uniform Gifts to Minors Act.

**CORPORATE TRUST ACCOUNTS**

Includes all accounts administered by the bank as corporate trustee for a bond issue. This would include any other duties performed in association with the bond issue.

**CORPORATE AGENCY ACCOUNTS**

Report only corporate agency accounts administered by the bank. This includes stock transfer agencies, paying agencies, dividend reinvestment agencies, registrar agencies and depository agencies. DO NOT INCLUDE DUAL APPOINTMENTS IN THIS CATEGORY (i.e. a paying agency if the bank is also corporate trustee).

**PROFIT ACCOUNTS**

Report any house account administered solely for the purpose of income.

**SUSPENSE ACCOUNTS**

Report any house account administered by the bank which cannot be placed in the above categories.

**TOTAL COLUMN B**

Total sum of Column A. Column A must equal Column B.

**MEMORANDA INFORMATION****TOTAL MANAGED ASSETS**

Report the dollar balance of all accounts over which the corporation maintains investment discretion.

**NUMBER OF MANAGED ACCOUNTS**

Report the number of all accounts over which the corporation maintains investment discretion.

**TOTAL NON-MANAGED ASSETS**

Report the dollar balance of all accounts over which the corporation does not maintain investment discretion.

**NUMBER OF NON-MANAGED ACCOUNTS**

Report the number of all accounts over which the corporation does not maintain investment discretion.

# CONSOLIDATED REPORT OF CONDITION FOR

\_\_\_\_\_  
Name of Corporate Fiduciary

\_\_\_\_\_  
City

FOR THE PERIOD ENDING \_\_\_\_\_

REPORT OF CONDITION AMOUNTS ARE TO BE REPORTED IN THOUSANDS OF DOLLARS.

## ASSETS

1. CASH AND DUE FROM DEPOSITORY INSTITUTIONS. .... \_\_\_\_\_
2. U.S. TREASURY SECURITIES. .... \_\_\_\_\_
3. OBLIGATIONS OF STATES AND POLITICAL SUBDIVISIONS. ... \_\_\_\_\_
4. OTHER BONDS, NOTES, AND DEBENTURES. .... \_\_\_\_\_
5. CORPORATE STOCK. .... \_\_\_\_\_
6. PREMISES AND FIXED ASSETS. .... \_\_\_\_\_
7. LEASES AND LEASE FINANCING RECEIVABLES. .... \_\_\_\_\_
8. ACCOUNTS RECEIVABLE. .... \_\_\_\_\_
9. OTHER ASSETS. .... \_\_\_\_\_  
(Itemize amounts greater than 15% of line #9)  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. TOTAL ASSESTS (SUM OF ITEMS 1-9). .... \_\_\_\_\_



CONSOLIDATED REPORT OF INCOME

FOR: \_\_\_\_\_  
City

FOR THE PERIOD ENDING: \_\_\_\_\_

**LIABILITIES**

11. ACCOUNTS PAYABLE. .... \_\_\_\_\_
12. TAXES PAYABLE. .... \_\_\_\_\_
13. OTHER BORROWED MONEY. .... \_\_\_\_\_
14. OTHER LIABILITIES. .... \_\_\_\_\_  
(Itemize amounts greater than 15% of line #14)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
15. TOTAL LIABILITIES (SUM OF ITEMS 11-14). .... \_\_\_\_\_

**EQUITY CAPITAL**

16. PREFERRED STOCK. .... \_\_\_\_\_
17. COMMON STOCK. .... \_\_\_\_\_
18. SURPLUS. .... \_\_\_\_\_
19. A. UNDIVIDED PROFITS AND CAPITAL RESERVES. .... \_\_\_\_\_  
B. LESS: NET UNREALIZED LOSS ON MARKETABLE  
EQUITY SECURITIES. .... \_\_\_\_\_
20. TOTAL EQUITY CAPITAL (SUM OF ITEMS 16-19.B.). .... \_\_\_\_\_
21. TOTAL LIABILITIES AND EQUITY CAPITAL. .... \_\_\_\_\_

CONSOLIDATED REPORT OF INCOME

FOR: \_\_\_\_\_  
City

FOR THE PERIOD ENDING: \_\_\_\_\_

ALL REPORT OF INCOME AMOUNTS ARE TO BE REPORTED ON A CALENDAR  
YEAR-TO-DATE BASIS IN THOUSANDS OF DOLLARS.

**INCOME**

1. INCOME FROM FIDUCIARY ACTIVITIES:
  - A. EMPLOYEE BENEFIT TRUST. ....
  - B. PERSONAL TRUST. ....
  - C. ESTATES AND GUARDIANSHIPS. ....
  - D. EMPLOYEE BENEFIT AGENCY. ....
  - E. ALL OTHER AGENCY. ....
  - F. CORPORATE TRUST. ....
  - G. CORPORATE AGENCY. ....
  - H. ALL OTHER FIDUCIARY ACTIVITIES. ....
2. INTEREST INCOME. ....
3. ALL OTHER INCOME. ....  
(Itemize amounts greater than 15% of line #3)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. TOTAL OPERATING INCOME (SUM OF ITEMS 1.A-3). ....

CONSOLIDATED REPORT OF INCOME

FOR: \_\_\_\_\_  
City

FOR THE PERIOD ENDING: \_\_\_\_\_

**EXPENSES**

5. OPERATING EXPENSES. ....
- A. SALARIES. ....
- B. EMPLOYEE BENEFITS. ....
- C. CORPORATE FIDUCIARY OCCUPANCY EXPENSE. ....
- D. FURNITURE AND EQUIPMENT EXPENSE. ....
- E. DATA SERVICES. ....
- F. MARKETING. ....
- G. AUDITS/EXAMINATIONS. ....
- H. INSURANCE. ....
- I. LEGAL. ....
- J. ALL OTHER EXPENSES. ....  
(Itemize amounts greater than 15% of line J)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. TOTAL OPERATING EXPENSES (Sum of items 5.A-5.J). ....
7. NET OPERATING INCOME (LOSS) BEFORE TAXES. ....
8. APPLICABLE INCOME TAXES. ....
9. EXTRAORDINARY ITEMS. ....
10. NET INCOME (LOSS) AFTER TAXES. ....

CONSOLIDATED REPORT OF INCOME

FOR: \_\_\_\_\_  
City

FOR THE PERIOD ENDING: \_\_\_\_\_

**CHANGES IN EQUITY CAPITAL**

INDICATE ALL DECREASES AND LOSSES IN PARENTHESES.

TOTAL EQUITY CAPITAL

1. BALANCE BEGINNING OF PERIOD. ....
2. NET INCOME (LOSS). ....
3. SALE, CONVERSION, ACQUISITION, OR RETIREMENT  
OF CAPITAL. ....
4. CHANGES INCIDENT TO MERGERS & ABSORPTIONS. ....
5. CASH DIVIDENDS DECLARED ON PREFERRED STOCK. ....
6. CASH DIVIDENDS DECLARED ON COMMON STOCK. ....
7. STOCK DIVIDENDS ISSUED. ....
8. CHANGE IN NET UNREALIZED LOSS ON MARKETABLE  
EQUITY SECURITIES. ....
9. OTHER INCREASES OR DECREASES. ....  
(Itemize)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. BALANCE END OF PERIOD. ....

**CERTIFICATION OF REPORT OF CONDITION  
AND INCOME FOR AN INDIANA  
CORPORATE FIDUCIARY**

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**LEGAL TITLE OF INSTITUTION**

**CITY**

I/We, the undersigned Officer(s), do hereby declare and certify to the Department of Financial Institutions that the attached Report of Condition and Income for the Corporate Fiduciary have been accurately prepared and are true to the best of my/our knowledge and belief.

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SIGNATURE OF OFFICER(S) AUTHORIZED TO SIGN REPORT

AREA CODE/PHONE NO.

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NAME AND TITLE OF OFFICER(S) AUTHORIZED TO SIGN REPORT

AREA CODE/PHONE NO.

State of Indiana County of \_\_\_\_\_ ss:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ and hereby certify that I am not an officer or director of this institution. My commission expires \_\_\_\_\_, 20\_\_.

(MAKE MARK FOR NOTARY SEAL)

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SIGNATURE NOTARY PUBLIC

**INSTRUCTIONS**  
**STATE CALL REPORT - REPORT OF CONDITION AND REPORT OF INCOME**  
**FOR CORPORATE FIDUCIARIES ONLY**

**GENERAL INSTRUCTIONS**

Every Indiana state chartered corporate fiduciary is required to file a Consolidated Report of Condition and a Consolidated Report of Income on a quarterly basis. The Call Report is to be filed as of the last day of the calendar quarter. A completed Call Report is to be delivered to the Department of Financial Institutions, no later than 30 days following the date of the Call Report. Each corporate fiduciary must submit one copy to the Department and retain one copy of the report, including supporting documentation. The completion of the Call Report is mandatory and is authorized pursuant to I.C. 28-1-15-1.

Corporate fiduciary's must prepare and file the Report of Condition and the Report of Income in accordance with these instructions. All reports must be prepared in a consistent manner. The corporate fiduciary's financial position must be reported in a manner and scope that assures that the report submitted reflects a fair presentation of the corporate fiduciary's financial condition. An officer of the corporate fiduciary who has been authorized by the board of directors must certify the Report of Condition and the Report of Income. The title of the signing officer must be clearly indicated. The signature of the authorized officer must be notarized.

**INSTRUCTIONS FOR THE PREPARATION OF THE**  
**CONSOLIDATED REPORT OF CONDITION**  
**FOR TRUST COMPANIES ONLY**

**ASSETS**

**LINE 1 - CASH AND DUE FROM DEPOSITORY INSTITUTIONS**

CASH - Actual currency and coin on hand.

DEMAND BALANCES DUE FROM FINANCIAL INSTITUTIONS - Due from balances as shown on the trust company's books.

TIME BALANCES DUE FROM FINANCIAL INSTITUTIONS - Include all certificates of deposit with other banks and financial institutions, eurodollars, savings deposit accounts with other banks, and time balances on deposit with domestic banks.

**LINE 2 - U.S. TREASURY AND AGENCY OBLIGATIONS**

Securities issued by the United State Treasury Department including: Bills, Bonds, Notes, Certificates of Indebtedness, Zero-coupon Government instruments. Bonds, notes, and debentures of United States Government agencies and corporations such as, but not limited to: Federal Home Loan Banks, Federal Home Loan Mortgage Corporation, Federal Housing Administration, Federal National Mortgage Association, Government National Mortgage Association, and Small Business Administration.

**LINE 3 - OBLIGATIONS OF STATES AND POLITICAL SUBDIVISIONS**

Obligations such as bonds, notes, debentures, and tax anticipation warrants issued by: local housing authorities, municipalities, counties, townships, schools, other special taxing districts, industrial revenue or local industrial development bonds issued by regional or local authorities, obligations issued by other states, revenue bonds issued by state, regional, or local industrial development authorities.

**LINE 4 - OTHER BONDS, NOTES, AND DEBENTURES**

All bonds, notes, and debentures not reported in the above categories such as, but not limited to: domestic corporations, collateralized mortgage obligations (CMO's) and foreign governmental units.

**LINE 5 - CORPORATE STOCK**

Include marketable equity securities, foreign stock, membership stocks, stocks acquired for debts previously contracted, and certificates of participation in money market funds which are comprised solely of securities.

# **INSTRUCTIONS FOR CONSOLIDATED REPORT OF CONDITION FOR TRUST COMPANIES CONTINUED**

## **LINE 6 - PREMISES AND FIXED ASSETS (NET OF DEPRECIATION)**

Report the book value, less depreciation, of all trust company premises, equipment, furniture, and fixtures purchased directly or acquired by means of a capital lease. Include any real estate purchased and intended to be used for future expansion. Any method of depreciation or amortization conforming to accounting principles and statutory requirements may be used.

## **LINE 7 - LEASES AND LEASE FINANCING RECEIVABLES**

The outstanding balances of all types of property acquired for the purpose of lease financing.

## **LINE 8 - ACCOUNTS RECEIVABLE**

The amount of collectible accounts receivable. Receivables of doubtful quality should not be included.

## **LINE 9 - OTHER ASSETS**

Report the amount of all other assets that do not belong elsewhere in this report. Itemize all amounts greater than fifteen (15) percent of this category.

## **LINE 10 - TOTAL ASSETS**

Total assets must equal the sum of lines 1 through 9. It must also equal line 21, "Total Liabilities and Equity Capital."

## **LIABILITIES**

## **LINE 11 - ACCOUNTS PAYABLE**

Report the amount of accounts payable which have been invoiced or billed and are due and payable. If an invoice or billing has not been received this amount should be reflected in line 14, "Other Liabilities."

## **LINE 12 - TAXES PAYABLE**

Report the amount of taxes payable that have been billed and are due and payable. If a billing has not been received this amount should be reflected in line 14, "Other Liabilities."

## **LINE 13 - OTHER BORROWED MONEY**

Include any instrument given for the purpose of borrowing money such as: Trust Company's own promissory notes, repurchase agreements, notes and bills rediscounted, and Treasury Tax and Loan Notes.



# **INSTRUCTIONS FOR CONSOLIDATED REPORT OF CONDITION FOR TRUST COMPANIES CONTINUED**

## **LINE 14 - OTHER LIABILITIES**

Report the amount of all other liabilities which do not belong elsewhere in this report. Itemize all amounts greater than fifteen (15) percent of this category.

## **LINE 15 - TOTAL LIABILITIES**

Total liabilities must equal the sum of lines 11 through 14.

## **EQUITY CAPITAL**

## **LINE 16 - PREFERRED STOCK**

Report the amount outstanding of preferred stock excluding any amounts received in excess of its par or stated value.

## **LINE 17 - COMMON STOCK**

Report the aggregate par or stated value outstanding of common stock.

## **LINE 18 - SURPLUS**

Report the net amount formally transferred to the surplus account in accordance with applicable laws of the state and any amounts received in excess of par or stated value of common or preferred stock.

## **LINE 19 (A) - UNDIVIDED PROFITS AND CAPITAL RESERVES**

Report the amount of undivided profits and capital reserves less the carrying value of treasury stock. The amount of year-to date net income not already transferred to undivided profits should be included in this item..

## **LINE 19 (B) - LESS: NET UNREALIZED LOSS ON MARKETABLE EQUITY SECURITIES**

Report the amount of any net unrealized loss on marketable equity securities. A net unrealized loss on marketable equity securities is the amount by which the aggregate cost of the marketable equity securities portfolio exceeds its aggregate market value as of the call report date. The amount of the net unrealized loss that must be reported as a deduction should not be reduced by a tax effect.

## **LINE 20 - TOTAL EQUITY CAPITAL**

Total equity capital must equal the sum of lines 16 through 19.B.

**INSTRUCTIONS FOR CONSOLIDATED REPORT OF CONDITION FOR  
TRUST COMPANIES CONTINUED**

**LINE 21 - TOTAL LIABILITIES AND EQUITY CAPITAL**

Total liabilities and equity capital must equal the sum of line 15, "Total Liabilities" and line 20, "Total Equity Capital." It must also must equal line 10, "Total Assets."

**INSTRUCTIONS FOR THE PREPARATION OF THE  
CONSOLIDATED REPORT OF INCOME  
FOR TRUST COMPANIES ONLY**

**INCOME**

**1 - INCOME FROM FIDUCIARY ACTIVITIES:**

**LINE 1.A THROUGH 1.H**

Report in this section, on lines 1.A through 1.G, regular fee income earned on fiduciary accounts administered by the trust company during the reporting period. This should include both fees collected and accrued fees. Some adjustment may be necessary to reflect those fees not yet collected from fiduciary accounts but due the trust company. Fees are to be broken down by the type of account on which they are earned on Lines 1.A through 1.G.

On Line 1.H report any other income earned by the trust company, from fiduciary activities. Examples might include fees earned on accounts not detailed on Lines 1.A through 1.G, tax preparation fees charged to fiduciary accounts, transaction fees earned or other fiduciary account related fee income. Specifically, include 12b-1 fees received, cash sweep fees earned or any other similar fees earned by the company.

**LINE 2 - INTEREST INCOME**

Report on this line interest income earned by the corporation on corporate assets only. Do not include interest income earned by fiduciary accounts.

**LINE 3 - ALL OTHER INCOME**

This line should show any other income earned by the corporation in the reporting period. Income shown on this line would generally be income not specifically related to fiduciary accounts. This might include income earned on work performed for non-fiduciary accounts, consulting income, or other income.

**LINE 4 - TOTAL OPERATING INCOME**

Total operating income must equal the sum of lines 1.A through 3.

**EXPENSES**

**5 - OPERATING EXPENSES:**

**LINE 5.A - SALARIES**

Report on this line all salaries paid to officers and employees of the company including temporary office help. This should include gross salaries, wages, overtime, bonuses, incentive compensation and extra compensation.

## **INSTRUCTIONS FOR CONSOLIDATED REPORT OF INCOME FOR TRUST COMPANIES CONTINUED**

### **LINE 5.B - EMPLOYEE BENEFITS**

Report on this line all expenses related to employee benefits. This would include contributions to the company's retirement plan, pension funds, profit-sharing plan, employee stock ownership plan, employee stock purchase plan and employee savings plan. Also include premiums on health and accident, hospitalization, dental, disability and life insurance policies for which the company is beneficiary. Also include workman's compensation insurance premiums. The amount shown as an employee benefit from providing company cars or similar arrangements should be shown here as well.

### **LINE 5.C - TRUST COMPANY OCCUPANCY EXPENSE**

Report here all expenses related to occupying the company's facilities. This would include rent paid, depreciation on company premises or other similar costs incurred. Deduct any rental income from this amount. Include any lease payments, cost of ordinary repairs to premises including leasehold improvements, cost of service or maintenance contracts for premises, insurance expense related to premises, all property taxes related to premises, cost of electricity, water or other utilities, cost of janitorial supplies and outside janitorial service.

### **LINE 5.D - FURNITURE AND EQUIPMENT EXPENSE**

Report all expenses related to the use of equipment, furniture and fixtures. This would include normal and recurring depreciation and amortization charges against furniture and equipment, all lease or servicing payments on company furniture and equipment, cost of ordinary repairs to furniture and equipment, cost of service or maintenance contracts for furniture and equipment, insurance expense related to premises, expenses related to operating company-owned automobiles.

### **LINE 5.E - DATA SERVICES**

All costs related to the company's electronic data processing service should be reported on this line. This would not include amortization or depreciation related to company-owned equipment reported previously on line 5.D.

### **LINE 5.F - MARKETING**

Report on this line all expenses related to marketing or advertisement of the trust company.

### **LINE 5.G - AUDITS/EXAMINATIONS**

Report here the costs incurred resulting from audits and regulatory assessments.

### **LINE 5.H - INSURANCE**

Include on this line insurance costs such as blanket bond insurance coverage, trust errors and omissions insurance or any other insurance policy purchased to protect the company from losses incurred by the company acting as a fiduciary.

## **INSTRUCTIONS FOR CONSOLIDATED REPORT OF INCOME FOR TRUST COMPANIES CONTINUED**

### **LINE 5.I - LEGAL**

Retainer fees, legal fees and other fees and expenses paid to attorneys for providing services to the company should be reported on this line.

### **LINE 5.J - ALL OTHER EXPENSES**

Report on this line any expenses not previously detailed on lines 5.A. through 5.I.

### **LINE 6 - TOTAL OPERATING EXPENSES**

Report on this line the sum of lines 5.A through 5.J.

### **LINE 7 - NET OPERATING INCOME (LOSS) BEFORE TAXES**

Net operating income (loss) before taxes must equal line 4 minus line 6..

### **LINE 8 - APPLICABLE INCOME TAXES**

Report on this line any taxes paid that are based on company earnings. Do not include real estate taxes or franchise taxes that are not based upon corporate profitability.

### **LINE 9 - EXTRAORDINARY ITEMS**

Report those items which qualify as extraordinary items net of any tax consequences applicable to them. Extraordinary items are material events and transactions that are (1) unusual and (2) infrequent. Both of these conditions must exist in order for an event or transaction to be reported as an extraordinary item.

### **LINE 10 - NET INCOME (LOSS) AFTER TAXES**

This is the sum of line 7, 8, and 9.

## **CHANGES IN EQUITY CAPITAL**

### **LINE 1 - BALANCE BEGINNING OF PERIOD**

This line is to reflect the balance of Total Equity Capital at the beginning of the calendar year. This amount should tie to the ending balance as of December 31.

### **LINE 2 - NET INCOME (LOSS)**

This line should reflect the net income (loss) earned for the calendar year.

### **LINE 3 - SALE, CONVERSION, ACQUISITION, OR RETIREMENT OF CAPITAL**

This line should reflect any changes in the capital structure of the institution due to sale, conversion, acquisition, or retirement of capital for the calendar year.

### **LINE 4 - CHANGES INCIDENT TO MERGERS AND ABSORPTIONS**

This line should reflect any changes in the capital structure of the institution due to changes incident to mergers and absorptions for the calendar year.

### **LINE 5 - CASH DIVIDENDS DECLARED ON PREFERRED STOCK**

Cash dividends declared on preferred stock for the calendar year should be shown on this line. Payments of dividends that exceed retained earnings require regulatory approval

### **LINE 6 - CASH DIVIDENDS DECLARED ON COMMON STOCK**

Cash dividends declared on common stock for the calendar year should be detailed on this line. Payments of dividends that exceed retained earnings require regulatory approval.

### **LINE 7 - STOCK DIVIDENDS ISSUED**

Stock dividends issued for the calendar year should be reported on this line.

### **LINE 8 - CHANGE IN NET UNREALIZED LOSS ON MARKETABLE EQUITY SECURITIES**

Report the increase or decrease on marketable equity securities during the calendar year. This amount should also be reported on line 19.B of the Report of Condition.

### **LINE 9 - OTHER INCREASES (DECREASES)**

Any other increases or decreases in capital accounts for the calendar year should be noted on this line accompanied by an explanation. Capital infusions or other transactions should be explained in full in the space provided.

### **LINE 10 - BALANCE END OF PERIOD**

This line is the sum of lines 1 through 9. Total Equity Capital should balance to the Report of Condition line 20 "Total Equity Capital.